Effective October 1, 2003									UPA	503	6-80	24		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
Т	OTAL CLAIM	S	3	30				RATE	FEE	٦¨	RATE	FEE		
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	<del>-  </del>		BASIC FE	<del></del>		
TOTAL CHARGEABLE CLAIMS			30 п	30 minus 20=		10		XS 9=		7	V510	<del>                                     </del>		
INDEPENDENT CLAIMS				( minus 3 =		U			70	OR	<del> </del>	1/80		
М	JLTIPLE DEPE	NDENT CLAIM F	PRESENT		-			X43=	0	OR	X86=	<i>U</i>		
	the difference	o io polymó 1 is	loss than page and a rest					+145=	0	OR	+290=	0		
- 31				nan zero, enter "0" in column 2				TOTAL	475	OR	TOTAL	950		
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY						
		(Column 1) CLAIMS		(Colum		(Column 3)	· r	SMALL		OR T	SMALL	<del></del>		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 30	Minus	**		=10		X\$ 9=		OR	X\$18=			
	Independent	• /	Minus	***		-	Ī	X43=		OR	X86=			
	· · ·	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		ſ	+145=			+290=			
								TOTAL		OR	TOTAL			
		(Column 1)		(Colum	n 2)	(Column 3)	Al	DDIT. FEE		OR ,	ADDIT. FEE	<u> </u>		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	AFFATION OF ME	Minus			-		X43= ·	·	OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=			
									·	OR A	TOTAL ODIT. FEE			
		(Column 1)		(Column		(Column 3)	• •	-		• •		,		
		CLAIMS REMAINING AFTER AMENDMENT.	·	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		K\$ 9=		OR	X\$18=			
	Independent		Minus	***		2	$\vdash$	X43=		_ F	X86=			
	FIRST PRESE	NTATION OF MU	LTIPLE DEF		H	70-		OR	^ <del>00=</del>					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											-			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR ADDIT. FEE														
11	ne "Highest Numi	ber Previously Paid	For (Total or	independent)	is the f	nighest number t	lound	in the app	ropriate box	in colu	mn 1.			

Application or Docket Number